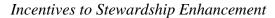


WoodsWISE







WoodsWISE Project – Claim for Payment

Project cost-sharing is made possible through USDA Forest Service programs and other grants.

<u>Landowner</u> : Name:			
Address:			
Social Security #:		(required)	
I have completed the Project for wh claim for cost-share payment for the			nereby making
Practice Code* Practice component*	Extent completed (a	acres or other units)	Total eligible cost
The completed Project has been inspon (date) and is in accord			wardship Forester)
Landowner cignatura(s)		Do	ıta.
Landowner signature(s)	OFFICE USE ONLY	Da	ite
District Forester: Project Application number: Date of MFS field inspection:			
Project meets MFS specifications: Documentation complete/acceptable		Cost-share payment au	nthorized:
Project practices: Code Extent approved Eligible cost	Cost-share approved	Signature of Division	Director:
			Date
	· <u></u>		
Total eligible project cost: Total cost-share approved:			
District Forester signature:	Dat	re:	